

STATE OF HAWAII

OFFICE OF CONSUMER PROTECTION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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MOLOKAI & LANAI
1-800-468-4644

COMPLAINT

Case No. _____

Ms. ()

Mrs. ()

Mr. ()

Your Name* (one complainant per form, unless married)

Name of Company or Individual you are complaining against (one per form)

Address (Forwarding, if applicable)

Address

City State Zip Code

City State Zip Code

()
Residence Phone

()
Business Phone

()
Residence Phone

()
Business Phone

***If someone other than the complainant should be the contact person, please fill in the line below.**

Person to contact, if other than complainant

Address

Contact Phone

FURTHER INFORMATION (if applicable)

1. Description of item or service purchased _____

2. Cost of the item or service purchased _____

3. Date of transaction _____ 4. Name of salesperson _____

5. Is the item or service under warranty? _____ 6. Signed contract? _____

7. Date complained to company _____ 8. Persons talked to _____

9. If advertised, date/where _____

over

COMPLAINT. Please type or print clearly in black ink your specific complaints against the respondent. Attach copies of all pertinent documents (contracts, letters, receipts, photographs); and the names, addresses, and telephone numbers of any witnesses. If you attach a credit card or bank statement, be sure your account number is removed or obliterated. If you need additional space, continue on a separate sheet of paper and attach to this form.

See attached

If you believe that this complaint involves issues particularly affecting the elderly, please check here: _____ (8600)

Your signature (Complainant)

Date

Spouse's signature (if also a complainant)

Date

A copy of this complaint may be given to the Respondent. It will also become a public record. If there is information that you feel is confidential, such as an unlisted home telephone number, or Social Security number please do not include it on this form or any attachment.